



CITY OF EL PASO

Volunteer Application

Contact Information

Name			
Street Address			
City, State, ZIP Code			
Home Phone			
Cell Phone			
E-Mail Address			
Social Security Number			
Date of Birth			
Driver's License Number	State:	Expires:	
Mother's Full Maiden Name (First & Last)			

Education Information

Current Employment or School Attending												
Circle last grade of school completed	5	6	7	8	9	10	11	12				
Diploma or GED?	<input type="checkbox"/> Diploma						<input type="checkbox"/> GED					
List any degrees												
Indicate preferred department for volunteer assignment:												
What type of services can you provide?												

Are you volunteering for:

☐ Community Outreach (non court-ordered)

☐ Community Service (court-ordered)

☐ Foster Parent

Are you volunteering:

☐ By Yourself?

☐ With a group? If so, what group? _____

☐ With your school/company? If so, what school/company? _____

Indicate any language (other than English) you can speak or write: _____

Person to Notify in Case of Emergency

Name	
Address, City, State and Zip Code	
Phone	
Relationship	
E-Mail Address	

Records Disclosure

Unless otherwise requested, the Texas Public Information Act, 552.024 makes the names of Municipal volunteers and officials open record. Do you wish to allow public access to your home address, home telephone number, social security number and family information?

☐ Yes

☐ No

READ CAREFULLY AND ANSWER ALL ITEMS	YES	NO
Have you previously worked for the City of El Paso? If yes, give dates, City Department and reasons for your separation in REMARKS below.		
Are you currently employed or have you ever been employed by a City of El Paso City-County combined agency (City-County Health, etc.)?		
Have you been dismissed or asked to resign from any job? If yes, explain in REMARKS below.		
Have you ever been convicted, imprisoned, fined, placed on probation or parole, or are you now under charges for any offense(s) against the law? If yes, list charges and disposition of the case(s) in REMARKS below. DO NOT list successful completed deferred adjudication(s).		
Have you received any traffic citations in the last five years (excluding parking)? If yes, list and explain and give date and disposition of each citation in REMARKS below.		
Do you have relatives employed by the City of El Paso or relatives who are currently serving on City Council? If yes, list names, relationship and departments in REMARKS below.		
May we contact your current employer regarding your qualifications, character, etc.?		
Have you previously worked for the City of El Paso? If yes, give dates, City Department and reasons for your separation in REMARKS below.		
REMARKS: (Use to explain above items.)		

Availability

During which hours are you available for volunteer assignments? (Please check with an (X) all days and times that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I have volunteered my services to the City of El Paso. I hereby release the City of El Paso and its officers, directors, employees, advisors, agents, patrons, and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent in connection with this volunteer work. I certify that my statements in this application and other required forms, are true, complete, and correct to the best of my knowledge and belief. I also agree that ALL statements made on this application may be investigated. I consent to the release of information, about my ability and fitness for volunteering with the City of El Paso, by parties authorized by the City Of El Paso. I understand that information from my application or resume may be subject to release to the public under the Texas Public Information Act.

Signature _____

Signature of parent/guardian
(For applicants under 18 years of age)

CITY OF EL PASO

Volunteer Agreement

All Volunteers must read the following statements and sign on the Volunteer signature line. Volunteer hereby agrees that he/she is a volunteer and not an employee of the City. City shall not be subject to any obligations or liabilities of Volunteer, Volunteer's agents or representatives should be attributed to City, despite City's above express waiver of any and all such obligation and liabilities, Volunteer expressly agrees to indemnify and hold harmless City from any and all such obligations or liabilities.

As a Volunteer for the City of El Paso:

- I agree to dress in accordance with the City of El Paso Professional Appearance Standards for my assignment, remembering that I am a volunteer and I represent the City of El Paso.
- I agree to respect the patrons/customers by being friendly and cooperative with them and to guide them to a staff member if necessary.
- I agree to respect the function of the permanent staff and to contribute to maintaining professional relationships between the staff and myself.
- I agree to carry out assignments in good spirit and to seek the assistance of my supervisor or another staff person whenever I have a question or have completed a project.
- I agree to exercise caution when acting on the assigned department's behalf in any situation and to abide by all rules of the department.
- I understand that I must attend Sexual Harassment Training, conducted by the City of El Paso, and adhere to the City of El Paso's Policy and Procedures, if applicable.
- I understand that the City of El Paso or myself may terminate volunteer services for any reason at any time, upon notice to the other party. The City shall have no responsibility or liability because of such termination and no further responsibility or liability under this agreement after such termination.
- I agree to perform services for the City of El Paso on a volunteer basis. I understand that I will receive no money or other form of compensation for such services.

Volunteer Signature: _____ Date: _____

Signature of parent/guardian: _____ Date: _____
(For applicants under 18 years of age)

The City of El Paso staff will make every effort to ensure that your volunteer experience is convenient, enjoyable, and productive. If for any reason, you wish to change your assignment, a new volunteer agreement must be submitted.

For Department Use Only

Beginning Date: _____ Reports to: _____

Department/Location: _____ Number of Hours Week/Month: _____

Scope of volunteer work/duties: _____

I agree to placement of the volunteer listed above in my department.

Department Head Signature: _____ Date: _____

CITY OF EL PASO – HUMAN RESOURCES DEPARTMENT

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize the El Paso Police Department (EPPD) and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, credit records, and polygraph results.

I hereby direct you to release such information upon request to the EPPD or its authorized representatives. This release is executed with full knowledge and understanding that the information is for official use to assist the City of El Paso in determining my qualifications and fitness for the position I am seeking with the City, or for work within City facilities. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually, and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number voluntarily with the understanding that it is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

I further authorize the City of El Paso, Texas, to release any information it may obtain through the use of this authorization to any governmental agency and I hereby expressly waive any claim or right of action against any party as a result of the release of this information.

COPIES OF THIS AUTHORIZATION THAT SHOW MY SIGNITURE ARE AS VALID AS THE ORIGINAL RELEASE SIGNED BY ME. THIS AUTHORIZATION IS VALID FOR ONE (1) YEAR FROM THE DATE SIGNED.

Signature (Sign in ink)

Date signed

Full Name (Type or Print Legibly)

Date of Birth

Social Security #

Address: _____

Telephone Number: _____

Other Names Used/ Mother's Maiden Name

Verified by

Human Resources Representative: _____ Date: _____
(Signature)

Printed Name/Title: _____ Driver License: _____

State: _____ Expiration Date: _____